



# LONG MEAD

## COMMUNITY PRIMARY SCHOOL

Waveney Road, TONBRIDGE, Kent TN10 3JU  
 Telephone: (01732) 350601  
 Headteacher: Mrs K Follows



Wednesday 10 June 2025

Dear Parents and Carers,

### Tonbridge School Community Giving Day

Year 5 & Year 6 have been invited to take part in the Tonbridge School Community Giving Day on **Wednesday 1 July 2026**. During the day the children will be given the opportunity to join in a range of sporting, artistic and academic activities.

Children will be walking to and from Tonbridge School, accompanied by members of staff. They will be setting off shortly after registration, so please ensure you child is in school on time. The children will leave Tonbridge School at approximately 4:30pm, and so should be back at Long Mead at approximately 4:45pm.

Photographs and film will be taken on the day to be used in Tonbridge School's internal publications, social media and website. Images will not be used where children can be easily identified and names will not be included. If you are not happy with this then please talk to the school office, so we can ask if provisions can be made for your child.

The children will need:

- Full PE Kit including trainers or plimsolls and a school sweatshirt/cardigan.
- A packed lunch in a disposable bag – no chocolate, nuts or fizzy drinks please.
- Water (there will be water stations available all day to refill bottles).
- Sun cream and hat, or a waterproof if weather is not so nice.

If your child has any dietary requirements please indicate on the slip below.

Could you please complete the permission slip below and return it to the School Office by **Wednesday 24 June**.

Yours faithfully

Mrs K Follows  
 Headteacher

✂-----

**Please return to School Office by Wednesday 24 June 2026**

I give permission for ..... to take part in the Tonbridge School Community Giving Day on **Wednesday 1 July 2026**, returning to Long Mead at approximately 4:45pm, and I understand that photos and film will be taken on the day.

I will pick up my child  My child will be picked up by .....

My emergency contact number is: .....

My child's medical practice is: .....

My child has the following medical/dietary needs: .....

**In the event of my child requiring emergency treatment**, and staff being unable to contact me, I agree to my child receiving emergency treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities.

Signature: ..... Date: .....